

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

PLACE STICKER AT TOP OF ENVELOPE  
COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
<i>John Henriquez</i>	
7-19-01	
C. Signature	<input type="checkbox"/> Agent
X <i>John Henriquez</i>	<input type="checkbox"/> Addressee
D. Is delivery address different from item 1?	
If YES, enter delivery address below:	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	

USPC  
Park Place 5550  
Friendship Place  
Bethesda, MD. 20005

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PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS  
PLACE STICKER AT TOP OF ENVELOPE  
COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
<i>Andy</i>	
16301	
C. Signature	<input type="checkbox"/> Agent
X <i>Andy</i>	<input type="checkbox"/> Addressee
D. Is delivery address different from item 1?	
If YES, enter delivery address below:	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	

Commissioner Immigration & Naturalization Dept.  
425 I Street, Suite 7100  
Washington, DC 20536

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COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
<i>Enfista</i>	
JUL 16 2001	
C. Signature	<input type="checkbox"/> Agent
X <i>Enfista</i>	<input type="checkbox"/> Addressee
D. Is delivery address different from item 1?	
If YES, enter delivery address below:	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	

Martin Carlson, Acting U.S. Attorney  
Middle District of PA  
228 Walnut Street, Suite 217  
Harrisburg, PA. 17108-1754

Service Type  
 Certified Mail     Express Mail  
 Registered     Return Receipt for Merchandise  
 Insured Mail     C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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PLACE STICKER AT TOP OF ENVELOPE  
COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
<i>John Ashcroft</i>	
JUL 16 2001	
C. Signature	<input type="checkbox"/> Agent
X <i>John Ashcroft</i>	<input type="checkbox"/> Addressee
D. Is delivery address different from item 1?	
If YES, enter delivery address below:	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	

U.S. Attorney General, John Ashcroft  
Room #511, Main Justice Building  
10<sup>th</sup> and Constitution Avenue  
Washington D.C. 20530

*Supreme Court*

Service Type  
 Insured Mail     Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Article Number 7000 0520 04 23 0166 1995  
Transfer from service label  
Form 3811, March 2001

Domestic Return Receipt

1: 07-04-1255  
order to  
show cause  
*Rambo*

*PASFC*  
*Litts*

FILED  
HARRISBURG, PA

AUG 1 2001

MARY E. DIANDREA, CLERK  
Per \_\_\_\_\_  
Deputy Clerk